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THE IMMEDIATE CARE OF A PREMATURE CHILD

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PREPARATIONS for a premature birth differ not at all from those made for a normal delivery. A warm receiving-blanket covered with a soft absorbent towel, warm-water bags, and warm diapers and flannels are absolutely essential, and the bath-tub, plenty of hot water, and the tracheal catheter must be near at hand.

As soon as the child is delivered it is wrapped in the blanket and kept very warm, great care being taken, however, not to entirely cover the face. If the baby is in good condition, the bath is not necessary, but the entire body is gone over with a warm towel, albolene applied rapidly and wiped off very gently, for the skin of a premature infant is thin and easily abraded. The eyes are then treated carefully, for infections of the conjunctiva in premature babies are even more common than in the normal new-born, and must be conscientiously guarded against. The cord is dressed antiseptically, the binder applied firmly but loosely, and the baby dressed or wrapped in flannels, as quickly as possible with the least exposure and handling and the smallest amount of jarring. It should be covered warmly but lightly and left to rest until the arrival of the ambulance.

Many physicians, when anticipating a premature delivery, have the incubator infant ambulance in readiness, that there may be no loss of valuable time in conveying the baby to an incubator station.

Should the nurse find herself alone with a premature birth and an asphyxiated child, she may resort to the different methods of resuscitation. The Schulze method and several others are almost too severe for even a full-term child, and should by no means be used by a nurse for a premature baby. The milder methods may be used—preferably, the hot-water resuscitation bath. The temperature of the water should be 104° F., and hot water may be added up to 110° F. There can be no definite time limit for the bath, but from five to fifteen minutes is usually sufficiently long. The baby is dried gently and is made to cry. This is often a difficult task, but rubbing the soles of the feet and the palms of the hands almost invariably brings the desired results, a sharp cry and a gradual lung expansion.

If there be mucus in the trachea or upper respiratory tubes, it should be removed by the tracheal catheter. Should the nurse,

however, not be experienced with the catheter, she may suspend the baby by the feet or lower the head and wipe out, with a clean finger, the mucus which will drop forward.

Granted that respiration has been established, temperature 97° or normal, the baby is wrapped in warm flannels and laid in a basket.

Should it not seem necessary to send the baby to a hospital, many ways of keeping it warm may be devised, with fair results. A clothes-basket, lined with a blanket, and with pockets on the sides for hot-water bottles, placed near a stove or steam radiator, with a thermometer beside the baby, is very satisfactory.

We have found that the child wrapped in flannels is in better condition on arrival at the hospital than the one wrapped in cotton, and we would suggest that the best dress is a woolen shirt, a flannel binder, an ordinary diaper, and a flannel slip. Many nurses make the mistake of wrapping the baby in cotton immediately after birth. This is a serious handicap to the child. In the hurry the natural secretions have not been wiped off properly, the cord is allowed to ooze and often is left without a dressing, and in a short time a cold, wet condition exists, reducing the bodily heat very materially. On the other hand, the nurse may use too much oil, and that, together with the cotton covering, naturally causes a clogging of the pores, and a consequent chilling of the surface, reducing the vital heat to the minimum.

Hypothermia is perhaps the most important problem arising in connection with the premature child. To guard against post-natal hypothermia is the nurse's first duty; the importance of keeping a premature baby warm, cannot be too forcibly impressed. The vitality of such a child is naturally low, and if the baby once becomes thoroughly chilled and cyanosed, the roof of the mouth cold, and the temperature 92° to 95°, hot dips, hot cloths, stimulants, and even warm incubators are of little avail.

If the temperature of a new-born, premature infant be subnormal (95° to 97°), the hot bath must be given to restore the required heat before the child is wrapped in flannels, or before it is placed in the incubator.

It must be remembered that the incubator serves to lessen the heat loss of the premature baby, and to furnish warm filtered air and a uniform temperature, rather than to restore bodily heat and vital activities. These depend on direct external heat application and the maintenance of proper nutrition. Therefore the duty of a nurse to a premature infant is the prevention of heat-loss, the application of

heat to help toward that end, protection from jar and shock, careful observation of the infinite details from the moment of birth, and lastly, but not least, to be guided by her womanly instinct in gently and tenderly handling the tiny bit of humanity.

CARE OF A PREMATURE BABY WITHOUT AN INCUBATOR

By **MARY E. HAYES**

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As soon as possible after birth the child should be oiled, in front of a warm fire, and the cord dressed in the ordinary manner. A shirt, abdominal band, and a diaper are put on. The shirt is necessary to protect the arms and shoulders, as the cotton in which it is afterward wrapped separates with the motion of the hands. A close-fitting flannel cap should protect the head.

The room should be chosen with reference to its heating capacity; one with an open grate preferred; if this is impossible, a stove will be necessary. The temperature should be kept at about 90° Fahrenheit. An ordinary clothes-basket, with a feather pillow, will serve as a bed. The basket is to be preferred to a crib, as the sides protect the child from draughts. As the child has very little vitality, it will be best to keep this bed warm with hot-water bags. When the child is taken out to nurse, it should be placed on a hot-water bag and covered with a light blanket, head and all. During nursing the child is close enough to its mother to be kept warm by her body heat. During this time, the child's own room can be aired for a few minutes, after which the temperature should again be raised to the required point before bringing the child back.

Oil rubs should take the place of baths, and should be continued until the child has gained sufficient strength to admit of a sponge bath, but in the meantime the eyes and mouth will need washing with sterilized water morning and evening. Special attention should be given to the ears, as the little cap holds them close to the head, and they may become sore from heat and pressure.

Breast milk for a premature babe is almost a necessity. He should be fed every two hours during the day and every three hours at night. Perhaps at first the child will be too feeble to nurse. In